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State of South Carolina



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August 9, 2006

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JANET REYNOLDS Director Administrative Services

GARRY BAUM Director, Public Information and Training

CHRIS WHITMIRE Public Information Officer

REVISED L

Ms. Peggy Sims, Research Specialist U. S. Election Assistance Commission 1225 New York Ave., NW Suite 1100 Washington, D. C. 20005

Dear Mr. Sims:

The South Carolina Auditor's Office conducted an audit of the Help America Vote Act (HAVA) funds received by South Carolina. Following the audit, we were advised to separate the interest by the various titles and sections on the 269 reports. We have revised all previously submitted 269 reports for Title I, Sections 101 and 102 to include the interest. The revised reports are enclosed. Please contact me if you need anything further.

Sincerely,

Janet Reynolds Finance Director

/jr

Enclosures

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)



Federal Agency and Organizational Element to Which Report is Submitted		Federal Grant or Other Identifying Number Assigned By Federal Agency			OMB Approval Page of No. 1 1						
General Services Administration		39.011 Section 102			0348-0039 ' pages						
Recipient Organization (Name and complete address, including ZIP code)											
SC Election Co	ommission PO Box 5987	Columbia, SC 29250 (2	2221 Devine Street	Suite 105)							
4. Employer Identification Number 5. Recip 57-6000286		5. Recipient Account Number	Recipient Account Number or Identifying Number		7. Basis Cash Z Accrual						
8. Funding/Grant Period (See instructions)			9. Period Covered by this Report								
		To: (Month, Day, Year)	From: (Month, Day, '	Year)	To: (Month, Day, Year) 12/31/2003						
4/23/2003 Open			4/23/2003		12/3 1/2003						
IV. ITALISACIOTIS.			Previously Reported	This Period	Cumulative						
a. Total outlays			0.00	0.00	0.00						
b. Refunds, rebates, etc.			0.00		0.00						
c. Program income used in accordance with the deduction alternative					0.00						
d. Net outlays (Line a, less the sum of lines b and c)			0.00	0.00	0.00						
Recipient's share	of net outlays, consisting of:										
e. Third party	(in-kind) contributions	As an about the second	0.00		0.00						
			0.00		0.00						
g. Program income used in accordance with the matching or cost sharing alternative			0.00		0.00						
h. All other recipient outlays not shown on lines e, f or g			0.00		0.00						
i. Total recipie	ent share of net outlays (Sum of I	ines e, f, g and h)	0.00	0.00	0.00						
j. Federal sha	re of net outlays (line d less line	i)									
k. Total unliqu	iidated obligations		0.00	0.00	0.00						
	sharp of realizations obligations				0.00						
l. Recipient's	share of unliquidated obligations				0.00						
I. Recipient's	are of unliquidated obligations										
I. Recipient's m. Federalsh n. Total Feder	are of unliquidated obligations al share (sum of lines j and m)				0.00						
I. Recipient's m. Federalsh n. Total Feder	are of unliquidated obligations				0.00						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder	are of unliquidated obligations al share (sum of lines j and m)	ig period			0.00						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income,	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir balance of Federal funds (Line consisting of:	g period o minus line n)			0.00 0.00 0,00 2,182,613,04 2,182,613.04						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir balance of Federal funds (Line consisting of: program income shown on lines of	g period o minus line n) : and/or g above			0.00 0.00 0.00 2,182,613.04 2,182,613.04						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir displance of Federal funds (Line consisting of: program income using the additional states of the control of the c	g period o minus line n) : and/or g above			0.00 0.00 0,00 2,182,613,04 2,182,613.04						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p r. Disbursed p	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir it balance of Federal funds (Line consisting of: program income shown on lines or program income using the addition of program income	ig period o minus line n) : and/or g above in alternative			0.00 0.00 0.00 2,182,613.04 2,182,613.04						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p r. Disbursed p	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir distribution between the consisting of: consisting of: congram income using the addition of program income using the addition of the program income using the program incom	g period o minus line n) and/or g above on alternative			0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00						
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I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p r. Disbursed p s. Undisburse t, Total progra	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir displayed by the desired funds (Line consisting of: program income shown on lines or program income using the addition of program income are alized (Sum of lines are income realized (Sum of lines are income realized (Sum of lines are income are income are income realized (Sum of lines are income ar	o minus line n) andior g above n alternative	termined d. Total Amount		0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00 0.00 0.00 0.00						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p r. Disbursed p s. Undisburse t. Total progra 11. Indirect Expense	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir distance of Federal funds (Line consisting of: program income shown on lines of program income using the addition of program income using the addition of program income using the addition of program income are income realized (Sum of lines and income realized (Sum of lines and Income are income realized (Sum of lines and Income realized (Sum of lines and Income and Income Provision Income Incom	eg period o minus line n) and/or g above in alternative eq, r end s) appropriate box) ial Preder c. Base	d. Total Amount	e. F	0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00 0.00 0.00 0.00 0.00						
I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated p. Unobligated r. Disbursed p s. Undisburse t. Total progra 11. Indirect Expense 12. Remarks: Att governing leg	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir distance of Federal funds (Line consisting of: program income shown on lines of program income using the addition of program income using the addition of program income using the addition of program income using the program income using the addition of program income using the a	ig period o minus line n) and/or g above in alternative eq, r and s) appropriate box) al c. Base	d. Total Amount	e. F	0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00 0.00 0.00 0.00 0.00						
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I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed p s. Undisbursed t. Total progra 11. Indirect Expense 12. Remarks: Alt governing leg Line 100 including 13. Certification:	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir it balance of Federal funds (Line consisting of: program income shown on lines or program income using the addition of program income are income realized (Sum of lines are income realized (Place "X" in Provision b. Rate Ach any explanations deemed resistation.	ig period o minus line n) and/or g above in alternative eq, r end s) appropriate box) hal	d. Total Amount red by Federal sponsorin eport is correct and con	e. F	0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00 0.00 0.00 0.00 Fixed ederal Share with						
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I. Recipient's m. Federal sh n. Total Feder o. Total Feder p. Unobligated Program Income, q. Disbursed program Income, q. Disbursed program s. Undisbursed program 11. Indirect Expense 12. Remarks: Alta governing legical Line 100 including 100 including 11. Certification: Typed or Printed National Janet Reynold:	are of unliquidated obligations all share (sum of lines j and m) all funds authorized for this fundir it balance of Federal funds (Line consisting of: program income shown on lines of program income using the addition of program income am income realized (Sum of lines am income realized (Sum of lines am income realized (Place "X" in Provision b. Rate lach any explanations deemed resistation. des \$15,095.04 in interest I certify to the best of my knounliquidated obligations are formed and Title	ig period o minus line n) and/or g above in alternative appropriate box) al c. Base necessary or information require t earned. weedge and belief that this report the purposes set forth in the	d. Total Amount red by Federal sponsorin eport is correct and con	e. F ag agency in compliance applete and that all outla Telephone (Area code, r	0.00 0.00 0.00 2,182,613.04 2,182,613.04 0.00 0.00 0.00 0.00 Fixed ederal Share with						

Previous Edition Usable NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Revised 2/25/06)

(Long Form)

(Follow instructions on the back)

to Which Report is Submitted Election Assistance Commission	By Federal Agency 39.011 Title 1 Section				2	2
Recipient Organization (Name and complete add				0348-0039		pages
SC Election Commission 2221 Devine S Mailing Address: P.O. Box 5987 Columb	treet Suite 105 Columbi	ia, SC 29205				
Employer Identification Number 57-6000286	. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☑ No	7. Basis Cash Accrual		ıal
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4 (20,000)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)		
4/23/2003 10. Transactions;	4/23/2003		12/31/2003			
a. Total outlays	Previously Reported	This Period	III Cumulative			
b. Refunds, rebates, etc.	0.00	0.00	0.00			
c. Program income used in accordance with the					0.00	
d. Net outlays (Line a, less the sum of lines b a				0.00		
a	0.00	0.00	0.00			
Recipient's share of net outlays, consisting of:						0.00
Third party (in-kind) contributions Other Federal awards authorized to be used to					0.00	
g. Program income used in accordance with the sharing alternative		***			0.00	
h. All other recipient outlays not shown on lines e					0.00	
i. Total recipient share of net outlays (Sum of lin	es e, f, g and h)	0.00	0.00	0.00		
j. Federal share of net outlays (line d less line i)		0.00	0.00		*********	0.00
k. Total unliquidated obligations			0.00			0.00
Recipient's share of unliquidated obligations					0.00	
m. Federal share of unliquidated obligations		, m = n			0.00	
n. Total Federal share (sum of lines j and m)				***************************************	0.00	
o. Total Federal funds authorized for this funding			2,1	67,5°	18.00	
p. Unobligated balance of Federal funds (Line o			2,1	67,5°	18.00	
				Andrew Street	der de p	999 (844)
Program income, consisting of: q. Disbursed program income shown on lines c	and/or g above					
r. Disbursed program income using the addition		***************************************			-	
s. Undisbursed program income						
t. Total program income realized (Sum of lines	q, r and s)	***************************************				0.00
a. Type of Rate (Place "X" in appropriate box) 11. Indirect □ Provisional □ Pr		etermined				
Expense b. Rate	c. Base	d. Total Amount	e. F	ederal Share	***************************************	
Remarks: Attach any explanations deemed ne governing legislation.	cessary or information requir	 ed by Federal sponsorin	g agency in compliance	with		
13. Certification: I certify to the best of my know unliquidated obligations are for	_	-	pplete and that all outla	ys and		
Typed or Printed Name and Title Janet Reynolds, Finance Director	Telephone (Area code, number and extension) 803 734-9069					
Signature of Authorized Certifying Official		Date Report Submitted February 25, 2006				
THE TAY YOU A MINE	<i>U</i>	repluary 25, 2006				

Edition Usable

Previous Edition Usable NSN 7540-01-012-4285 269-104

Standard Form 269 (Rev. 7-97)